

FOURTH AMENDMENT
to the
AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR
between
COUNTY OF SANTA BARBARA
and
PACIFIC PRIDE FOUNDATION
for the
HIV CARE PROGRAM

THIS IS THE FOURTH AMENDMENT (hereafter referred to as Fourth Amendment) to the Agreement for Services of Independent Contractor, number BC-10-092 (hereafter Agreement), by and between the County of Santa Barbara (COUNTY) and Pacific Pride Foundation (CONTRACTOR), for the provision of services specified herein.

WHEREAS, the Agreement is effective through June 30, 2013; and

WHEREAS the parties desire to amend the Agreement to adjust the compensation to provide additional one-time funding for nutritional services, case management services, dental supplies and over the counter medication supplies; and

WHEREAS, this Fourth Amendment incorporates the terms and conditions set forth in the Agreement and the First, Second and Third Amendments except as modified by this Fourth Amendment.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, COUNTY and CONTRACTOR agree as follows:

1. **Definitions.** Capitalized terms used in this Fourth Amendment to the extent not otherwise defined herein shall have the same meanings as in the Agreement.
2. **Amendments.** The Agreement is amended as follows:
 - a) **EXHIBIT B – PAYMENTS ARRANGEMENTS, Section A** is amended as follows:

For CONTRACTOR services to be rendered under this ~~Third~~ **Fourth** Amendment, CONTRACTOR shall be paid a total agreement amount, including cost reimbursements, not to exceed ~~\$469,000~~ **\$467,700** as follows: \$183,000 for the period July 1, 2010 through June 30, 2011; ~~\$143,000~~ **\$155,000** for the period July 1, 2011 through June 30, 2012; and ~~\$143,000~~ **\$129,700** for the period of July 1, 2012 through June 30, 2013.

Fourth Amendment to Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Pacific Pride Foundation**.

IN WITNESS WHEREOF, the parties have executed this Amendment to be effective on date executed by County.

COUNTY OF SANTA BARBARA

ATTEST:
CHANDRA L. WALLAR
CLERK OF THE BOARD

Chair, Board of Supervisors

By: _____
Deputy

Date: _____

APPROVED AS TO FORM:
DENNIS MARSHALL
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:
ROBERT W GEIS, CPA
AUDITOR-CONTROLLER

By: _____
Deputy County Counsel

By: _____
Deputy

APPROVED
TAKASHI WADA, MD, MPH
DIRECTOR / HEALTH OFFICER
PUBLIC HEALTH DEPARTMENT

APPROVED AS TO FORM:
RAY AROMATORIO
RISK MANAGER

By: _____

By: _____
Risk Manager

Fourth Amendment to Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Pacific Pride Foundation**.

IN WITNESS WHEREOF, the parties have executed this Amendment to be effective date executed by County.

CONTRACTOR

By: _____
Pacific Pride Foundation

Date: _____

Contract Summary

BC 10-092

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$25,000) or Purchasing (<\$25,000). See also "Contracts for Services" policy. Form is not applicable to revenue contracts.

D1.	Fiscal Year.....	FY 2009-10 through FY 2012-13
D2.	Budget Unit Number (plus –Ship/Bill codes in parenthesis).....	041
D3.	Requisition Number	
D4.	Department Name.....	Public Health
D5.	Contact Person	Susie Herrera
D6.	Telephone.....	346-8276

K1.	Contract Type (check one): X Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose.....	
K3.	Original Contract Amount.....	\$225,184
K4.	Contract Begin Date.....	7-1-09
K5.	Original Contract End Date	6-30-10
K6.	Amendment History (leave blank if no prior amendments)	A01: adjust scope, term, comp; A02 adjust scope, term, comp; A03 adjust comp
K7.	Department Project Number	

B1.	Is this a Board Contract? (Yes/No)	Yes
B2.	Number of Workers Displaced (if any)	
B3.	Number of Competitive Bids (if any)	
B4.	Lowest Bid Amount (if bid)	
B5.	If Board waived bids, show Agenda Date.....	
	and Agenda Item Number	
B7.	Boilerplate Contract Text Unaffected? (Yes / or cite Paragraph)	

F1.	Encumbrance Transaction Code	
F2.	Current Year Encumbrance Amount	\$155,000
F3.	Fund Number	0042
F4.	Department Number	041
F5.	Division Number (if applicable)	13
F6.	Account Number	7460
F7.	Cost Center number (if applicable)	
F8.	Payment Terms	Net 30

V1.	Vendor Numbers (A=Auditor; P=Purchasing)	
V2.	Payee/Contractor Name	Pacific Pride Foundation
V3.	Mailing Address	126 E. Haley Street, Ste A-11
V4.	City State (two-letter) Zip (include +4 if known).....	Santa Barbara, CA 93101
V5.	Telephone Number	805-963-3636 x125
V7.	Contact Person	David Selberg
V8.	Workers Comp Insurance Expiration Date	n/a
V9.	Liability Insurance Expiration Date[s] (G=Genl; P=Prof).....	n/a
V10.	Professional License Number	n/a
V11.	Verified by (name of county staff)	Rose Davis

V12 Company Type (Check one) Individual Sole Proprietorship Partnership X Corporation

I certify information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: _____ Authorized Signature: _____